



P.O. Box 10832  
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

DCN: 7950000146051818  
Process Date: 05/15/2019  
Page: 1 of 1  
DOE, JOHN J JR  
For authorized use by:  
TEST HOSPITAL

## DOE, JOHN J JR - ONE-TIME QUERY RESPONSE

### A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** DOE, JOHN J JR  
**Date of Birth:** 04/22/1950 **Gender:** MALE  
**Work Address:** SAMPLE STREET, RESTON, VA 11111  
**Home Address:** SAMPLE ST, RESTON, VA 11111  
**Social Security Number:** \*\*\*-\*\*-1000  
**License:** COUNSELOR, MENTAL HEALTH, 12345678910, VA  
**Professional School(s):** SAMPLE UNIVERSITY (1974)  
 SAMPLE UNIVERSITY (1970)

### B. QUERY INFORMATION

**Statutes Queried:** Title IV; Section 1921; Section 1128E  
**Query Type:** This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
**Entity Name:** TEST HOSPITAL (DBID ending in ...03)  
**Authorized Submitter:** BUD SPOT, VP, 12346785 542-2222

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/15/2019

**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	<b>Yes, See Below</b>	Peer Review Organization Action(s):	No Reports

#### TEST HOSPITAL

##### TITLE IV CLINICAL PRIVILEGES

**Basis for Action:** - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

<b>Initial Action:</b>	- REDUCTION OF CLINICAL PRIVILEGES	<b>Date of Action:</b>	10/01/2011
<b>DCN:</b>	7950000146051738		

----- Unabridged Report(s) Follow -----

**DCN:** 7950000146051738  
**Process Date:** 05/14/2019  
**Page:** 1 of 2  
**DOE, JOHN J JR**  
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## DOE, JOHN J JR

### TEST HOSPITAL

#### TITLE IV CLINICAL PRIVILEGES ACTION

**Date of Action:** 10/01/2011

#### Initial Action

#### Basis for Initial Action

- REDUCTION OF CLINICAL PRIVILEGES

- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

#### A. REPORTING ENTITY

**Entity Name:** TEST HOSPITAL \*  
**Address:** SUPERVISOR, PROVIER CREDENTIALING  
 123 SAMPLE STREET  
**City, State, Zip:** RESTON, VA 11111  
**Country:**  
**Name or Office:** JANE SMITH  
**Title or Department:** CERTIFIER  
**Telephone:** (333) 444-5555  
**Entity Internal Report Reference:**  
**Type of Report:** INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/15/2019:

**Entity Name:** TEST HOSPITAL  
**Address:** SAMPLE STREET  
**City, State, Zip:** SAMPLE CITY, VA 11111  
**Country:**

#### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

**Subject Name:** DOE, JOHN J JR  
**Other Name(s) Used:**  
**Gender:** MALE  
**Date of Birth:** 04/22/1950  
**Organization Name:** ORGANIZATION NAME  
**Work Address:** SAMPLE STREET  
**City, State, ZIP:** RESTON, VA 11111  
**Home Address:** SAMPLE STREET  
**City, State, ZIP:** RESTON, VA 11111  
**Deceased:** NO  
**Social Security Numbers (SSN):** \*\*\*-\*\*-1000  
**National Provider Identifiers (NPI):**  
**Professional School(s) & Year(s) of Graduation:** SAMPLE UNIVERSITY (1974)  
 SAMPLE UNIVERSITY (1970)  
**Occupation/Field of Licensure:** COUNSELOR, MENTAL HEALTH  
**State License Number, State of Licensure:** 12345678910, VA  
**Drug Enforcement Administration (DEA) Numbers:**  
**Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):**  
**Business Address of Affiliate:**  
**City, State, ZIP:**

**DCN:** 7950000146051738  
**Process Date:** 05/14/2019  
**Page:** 2 of 2  
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**Nature of Relationship(s):**

	<b>Type of Adverse Action:</b>	TITLE IV CLINICAL PRIVILEGES
	<b>Basis for Action:</b>	INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE) (E1)
	<b>Adverse Action Classification Code(s):</b>	REDUCTION OF CLINICAL PRIVILEGES (1640)
	<b>Date Action Was Taken:</b>	08/15/2011
	<b>Date Action Became Effective:</b>	10/01/2011
	<b>Length of Action:</b>	PERMANENT
<b>Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:</b>		
		SUBMITTED REQUEST FOR INSURANCE PAYMENT FOR SERVICES NOT RENDERED.

**D. SUBJECT STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**CONTESTED**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/14/2019  
 Date of Most Recent Change: 05/14/2019

**This report is maintained under the provisions of:** Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

**END OF REPORT**